

CASTLE HILL HOUSE,

SHAFTESBURY,

June 11th, 1921.

## To the Shaftesbury Rural District Council.

Mr. Chairman and Gentlemen,

*I beg to present to you my Annual Report for the year ending December 31st, 1920.*

- Area.* The area of the District is 42,932 acres, including 239 acres of water.
- Population.* The population of the District at the census of 1911 was 10910, and the present estimated population is 9705, a decrease of 11 per cent.
- The number of inhabited houses is 2684, giving an average number of 3·6 persons per house.
- General character of District.* The District is an agricultural one, the inhabitants mainly being engaged in dairy produce.
- Rivers & Streams.* The river Stour flows through the District from North to South, receiving several small tributaries, amongst the most important being the Lodden and Sheen Water.
- Water Supply.* The supplies are mainly from the rivers, streams, brooks and wells. The following districts have a piped supply:—Gillingham, and a part of Cann, Alcester, Fontmell Magna village, Bourton village, Motcombe, Kington Magna and Buckhorn Weston. A further supply for Buckhorn Weston has been under consideration and a Public Enquiry was held during the year but a satisfactory scheme has not yet been approved.
- Drainage & Sewerage.* The small water-courses which flow into the larger streams are the frequent recipients of farm drainage and sewerage, while into the Stour direct flows much sewage and objectionable matter.
- Gillingham is provided with sewers, otherwise the district is practically without sewers, the exceptions being a very small portion of Alcester, Bourton and Cann.
- Scavenging.* There is no public arrangement for this purpose, and no destructor.
- Closet Accommodation.* Closet accommodation consists mainly of privy-pits, of which there are about 1,600. There are about 900 pail-privies and 600 water-closets. In recent years there have been about 150 conversions to the water-carriage system, mainly in Gillingham.
- Schools, Food, Tuberculosis, Maternity and Child Welfare.* These are administered by the County Authorities,
- It appears an anomaly that these, in Rural areas, should not, in the main, come within the duties of the local Medical Officers of Health and specially appointed local practitioners. If it were so there would be greater efficiency.



(2)

It is obvious that in a rural County like Dorset, if these departments are to be effectively administered from the County centre there must either be a very large and expensive central staff or the efficiency of the work must suffer and in any case there must be great cost and loss of time in covering the distances.

An experienced general practitioner with a good preliminary training is pre-eminently fitted to deal with such subjects as School Examinations, Tuberculosis and Maternity and Child-Welfare, and moreover the general practitioner practising in the area has the advantage of local knowledge and would be able to follow up the cases and treat them.

At present all this work is carried out in this district quite independently of the Medical Officer of Health.

It is to be hoped that the whole question is under the consideration of the Ministry of Health.

*Milk Supply.*

This is obtained locally and, being consumed fresh, is wholesome and suitable for Infant feeding.

The condition of the milk consumed in the district is no doubt largely responsible for the consistently low rate of Infant Mortality.

It is practically impossible to obtain pure milk, evidence of which is the deposit, consisting of blood, pus and organic filth, &c. left in the interior of a separator after any quantity of milk has been dealt with. When the milk is fresh this causes no trouble, but when allowed to remain for 48 hours or more, danger is likely to result. If the milk cannot be obtained in a fresh state the only way to obtain clean milk is to separate, re-mix and pasteurize.

*Nursing Mothers and Children.*

Milk has been applied for by and supplied to a few families. These applications have been difficult to deal with on account of insufficient data, but now application forms have been drawn up by means of which the requisite information will be obtainable.

*Slaughter-houses.*

Of these there are 16 registered. The condition of six of the larger ones is good, but the other ten are bad.

There is no public abattoir.

Three carcasses of Pigs have been condemned on account of tubercolosis.

*Infectious Diseases.*

On the whole the district has escaped lightly.

The beginning of the year saw the end of the 1919 outbreak of Scarlet Fever.

In March particularly there was a good deal of Measles and Influenza necessitating the closure of St. James, Cann, Enmore Green, and Ashmore Schools. The Influenza epidemic in most parts of the district quickly lost its severity, but in the Gillingham neighbourhood there were some severe cases of Influenzal Pneumonia.

A supply of Influenzal Vaccine was obtained. but very little was used.

There has been no case of Cerebro-Spinal Fever or "Sleeping Sickness" and no case of Small Pox has occurred for over 15 years.



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*Notifiable Infectious Diseases.*

Scarlet Fever	...	5 cases	2 removed to Hospital.
Influenzal Pneumonia		7 "	
Tuberculosis (lung)	...	5 "	
Erysipelas	...	4 "	
Puerperal Fever	...	2 "	
Diphtheria	...	1 "	removed to Hospital.
Malaria	...	1 "	Died.

*Disinfection of Infected or Verminous Premises.*

Disinfection of Infected or Verminous premises is carried out by the Sanitary Officer by means of Formalin fumigation.

*Bacteriological Examination.*

Carried out by the Clinical Research Association.

*Veneral Disease.*

Veneral Disease is not of frequent occurrence in the District.

*Isolation Hospital Accommodation.*

The Council's Isolation Hospital is situated about one mile from the Borough of Shaftesbury. It has accommodation for 16 children. Adults are generally sent to the Blandford Isolation Hospital. The Hospital is small, but the results have, without exception, been entirely satisfactory and the Hospital has proved most efficient.

During January the average daily number of patients was 15.25 and in February 7.5. It was closed on March 10th and has not been opened since.

There is no permanent nursing or domestic staff.

The Medical Officer of Health is Medical Officer to the Hospital.

*Housing.*

Twenty out of the 40 houses of the Gillingham Scheme are in the course of erection.

Sites have been selected and approved at Buckhorn Weston and Motcombe and a site at Cann is under consideration.

*Overcrowding.*

Overcrowding exists in some parts of the district, notably in Gillingham.

The completion of the new houses will tend to improve the state of affairs.

*The General Standard of Cottages.*

The general standard of cottages in the district is not high and improvements are hampered by the Rents' Restriction Act and the extremely high cost of labour and material.

*Bye-Laws.*

None.

**VITAL STATISTICS.**

*Causes of Death.*

Causes of Death				Males.	Females.
All causes	...	...	...	52	65
Scarlet Fever	...	...	...	1	0
Influenza	...	...	...	4	3
Pulmonary Tuberculosis	...	...	...	3	4
Cancer	...	...	...	7	8
Organic Heart Disease	...	...	...	3	11
Bronchitis	...	...	...	4	4
Pneumonia	...	...	...	2	2
Appendicitis	...	...	...	0	1
Nephritis	...	...	...	1	1
Puerperal Fever	...	...	...	0	1
Congenital Debility	...	...	...	2	0
Violence, apart from Suicide	...	...	...	2	1





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				Males.	Females.
	Suicide	...	...	2	1
	Other defined Diseases	...	...	21	28
<i>Infantile Mortality.</i>	Deaths of Infants under 1 year	...	...	3	1
	" " " Illegitimate	...	...	0	0
	" " " under 2 (due to Diarrhoea, &c.)	...	...	0	0
<i>Births.</i>	Total Births	...	...	100	108
	Legitimate	...	...	96	106
	Illegitimate	...	...	4	2

Birth Rate per 1000 population 21.43, compared with 25.4 for the whole of England and Wales.

Death Rate per 1000 population 12.05, compared with 12.4 for the whole of England and Wales.

Yours faithfully,  
**H. U. GOULD,** M.B.,  
*Medical Officer of Health,*  
(SHAFTESBURY R.D.C.)

APPENDICES ATTACHED.





## APPENDICES.

## HOUSING CONDITIONS.

## STATISTICS.

*Year ended 31st December, 1920.*

## GENERAL.

1. Estimated Population	...	...	...	...	...	...	9705
2. General Death-rate	...	...	...	...	...	...	12
3. Death-rate from Tuberculosis	...	...	...	...	...	...	00·72
4. Infantile Mortality	...	...	...	...	...	...	19·23
5. Number of dwelling-houses of all classes	...	...	...	...	...	...	2684
6. Number of working-class dwelling-houses	...	...	...	...	...	...	
7. Number of new working-class houses erected	...	...	...	...	...	...	

## UNFIT DWELLING-HOUSES.

## 1. Inspection.

1. Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	...	51
2. Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	...	...	...	...	32
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	...	5
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	...	22

## 2. Remedy of defects without Service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	...	...	...	...	3
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## 3. Action under Statutory Powers.

A. *Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919.*

1. Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	...	17
2. Number of dwelling-houses which were rendered fit—							
(a) by owners	...	...	...	...	...	...	13
(b) by Local Authority in default of owners	...	...	...	...	...	...	2
3. Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	...	...	...	...	...	...	

B. *Proceedings under Public Health Acts.*

1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	...	13
2. Number of dwelling-houses in which defects were remedied—							
(a) by owners	...	...	...	...	...	...	12
(b) by Local Authority in default of owners	...	...	...	...	...	...	

